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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/518,547	01/03/2005		Yuya Hasegawa	04/10/2007 DE	MMARGE980000096	105185479697	
TITLE OF INVENTION: ACTUATOR				01 FC:1501 02 FC:1504 03 FC:8001		1408.00 OP 309.00 OP 30.00 OP	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	. \$0	\$1700	04/25/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
MULLINS, BURTON S		2834	310-012000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent attorney.	For printing on the patent front page, list  1) the names of up to 3 registered patent attorneys r agents OR, alternatively,  2) the name of a single firm (having as a member a egistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is sted, no name will be printed.  GREENBLUM & BERNSTEIN,  P.L.C  2  3			
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Matsushita Electric Works, Ltd.  Osaka, JAPAN  Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s)  Substitution State  Advance Order	lo small entity discount p		b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0089 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above)							
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. Ub. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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